

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # G77408

1. Entity Name
OCEAN MANOR AT PONTE VEDRA, INC.



Principal Place of Business
**3740 BEACH BLVD, STE 300
JACKSONVILLE, FL 32207**

Mailing Address
**3740 BEACH BLVD, STE 300
JACKSONVILLE, FL 32207**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2365806

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MICKLER, R. O.
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000089242
03/30/04-80005-008 158.75**

10. OFFICERS AND DIRECTORS

TITLE * VS
NAME DEMETREE, WILLIAM C.
STREET ADDRESS 3348 EDGEWOOD DR
CITY - ST - ZIP ORLANDO, FL

TITLE P
NAME DEMETREE, JACK C.
STREET ADDRESS 3740 BEACH BLVD
CITY - ST - ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2004

904 398-7850

Date

Daytime Phone #